



### APPLICATION FOR A SCHOOL- AGE DROP-IN PROGRAM

**Good beginnings last a lifetime.** The service you offer to children and youth is important to the community and will have a lasting impact on the children and youth in your program. Kansas child care laws and regulations are designed to reduce the predictable risk of harm to children and youth. By completing and submitting this application you are: 1) requesting a license to operate a School Age Drop-In program and 2) affirming that you have read and agree to comply with all laws and regulations for licensed School Age Drop-In programs.

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**SECTION I: INTENT OF THE APPLICANT/OWNER. Complete one of the following three boxes below.****NEW APPLICATION**

- \_\_\_\_\_ The application is for a new school age drop-in program that is not currently licensed or is currently licensed, but I/we are
- \_\_\_\_\_ moving to a new location effective \_\_\_\_\_ (MM/DD/YYYY)
- \_\_\_\_\_ changing ownership
- \_\_\_\_\_ changing our program type (for example, school age program to school age drop-in program)

**RENEWAL APPLICATION**

- \_\_\_\_\_ This application is notification to renew our existing license for another year.

**NOTIFICATION OF CLOSURE**

- \_\_\_\_\_ This is notification that I/we no longer provide school age drop-in program services. Close the facility effective \_\_\_\_\_ (MM/DD/YYYY)

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**SECTION II: FACILITY INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.**

Official Name of the School Age Drop-In Program

Physical Address of Program: Street Address

City

Zip Code + 4

County

Phone Number

( )

Fax Number

( )

Email Address

Mailing Address of the Program: Street Address

City

Zip Code + 4

**SECTION III: LEGAL OWNER/OPERATOR INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.**

Name of the Legal Owner/Operator
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Physical Address of the Owner/Operator: Street Address	City	Zip Code + 4
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County	Phone Number (     )	Fax Number (     )	Email Address
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Mailing Address of the Owner/Operator: Street Address	City	Zip Code + 4
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The Legal Owner/Operator is a (check ONE of the following):	
<input type="checkbox"/>	individual, partnership or association of individuals that is (are) not incorporated corporation
<input type="checkbox"/>	government agency other than a local unit of government or public school district
<input type="checkbox"/>	local unit of government or public school district
<input type="checkbox"/>	nonpublic school that is
<input type="checkbox"/>	_____ accredited by _____
<input type="checkbox"/>	_____ nonaccredited
<input type="checkbox"/>	other (please describe) _____

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**SECTION IV: SCHOOL AGE DROP-IN PROGRAM HOURS OF OPERATION, AGES OF CHILDREN/YOUTH AND MEETS THE DEFINITION OF A DROP-IN PROGRAM. COMPLETE ALL INFORMATION REQUESTED.**

Indicate the months of the year, hours and days of the week you will be providing services to children and youth (check only one option for each schedule you complete):

☐ All Year (Jan through Dec)     ☐ Summer Only (June through Aug)     ☐ School Year Only (Sept through May)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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☐ All Year (Jan through Dec)     ☐ Summer Only (June through Aug)     ☐ School Year Only (Sept through May)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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☐ Yes     ☐ No     **The program serves exclusively school age children and youth.** School Age Child means an individual who is of kindergarten age through the academic years in which the child is in the sixth grade and who is attending the drop-in program pursuant to K.A.R. 28-4-700(j). School Age Youth means an individual who has completed sixth grade or is 12 years of age or older and is less than 18 years of age, is attending the program, and is not a volunteer or employee pursuant to K.A.R. 28-4-700(l).

☐ Yes     ☐ No     **The program is a Drop-In Program.** K.A.R. 28-4-700(e) defines drop-in program as a child care facility that is not located in an individual's residence, that serves exclusively school-age children and youth, and in which the operator permits children and youth to arrive at and depart from the program at their own volition and at unscheduled times. This term shall not include a program, instructional, class, or activity as specified in K.A.R. 28-4-578(b).

**SECTION V: ADDITIONAL INFORMATION FOR NEW APPLICANTS ONLY. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** I/we had a certificate or license to own and operate a child care facility or school age program in the past and the facility is closed. If you answered Yes to this question, complete the following information:

Name on the previous license or certificate: \_\_\_\_\_

License/Certificate Number: \_\_\_\_\_

Address on the previous license or certificate: \_\_\_\_\_

Year(s) of Operation: \_\_\_\_\_

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** I/we have attended an orientation session with my/our local child care facility surveyor. Date of orientation session \_\_\_\_\_ (MM/DD/YYYY).

\_\_\_\_\_  
**Signature of the Child Care Facility Surveyor**

\_\_\_\_\_  
**Date Signed**

**SECTION VI: AGREEMENTS AND AUTHORIZED SIGNATURE. READ EACH STATEMENT AND SIGN WHEN COMPLETED.**

I/We the undersigned, am [are the person(s)] named as the Applicant or the person(s) authorized to represent the owner listed above.

I/We have read the laws and regulations governing the operation of this licensed drop-in program and it is the intention of this applicant/owner to comply.

I/We understand that I/we are responsible for meeting and maintaining compliance with all applicable child care licensing laws and regulations at all times.

I/We understand that a **new** application must be submitted may take up to **90 days for processing** by the Kansas Department of Health and Environment (KDHE), once KDHE receives a complete application. I/We understand that I/we are not authorized to provide services to children and youth prior to receiving a Temporary Permit or License from KDHE.

In accordance with K.S.A. 44-1009, I/we shall not exclude any child from care for reason of race, religion, color, sex, physical handicap, national origin, or ancestry.

I/We attest, under penalty of perjury, that to the best of my (our) knowledge, the information provided in this application is true and correct.

<b>Authorized Signature:</b>	<b>Date (MM/DD/YYYY)</b>
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<b>Authorized Signature: (If more than one person)</b>	<b>Date (MM/DD/YYYY)</b>
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**IF PAYING THE STATE LICENSE FEE BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION: PLEASE PRINT**

Credit Card Information – <b>DISCOVER CARD ONLY</b>	
Discover Card Account # _____ - _____	Expiration Date _____
Amount of the state licensee fee     \$20.00	
By my signature, I acknowledge my understanding that a 2.5% convenience fee will be included in the final total of this transaction.	
Signature as it is written on the Card _____	

Kansas Department of Health and Environment contracts with local health departments or private contractors for local regulatory services. **Local contractors may charge a local fee.** Please contact your local child care facility surveyor to determine the amount of the local fee and submit that fee directly to the local contractor per their instructions.

Some local ordinances may apply to your Drop-In program in addition to the state laws and regulations. Please contact your local child care facility surveyor to determine if there are local ordinances which may apply to the operation of a Drop-In Program.

For information about requirements of the Americans with Disabilities Act (ADA), contact: Great Plains Disability and Business Technical Assistance Center, University of Missouri at Columbia, 100 Corporate Lake Drive, Columbia, MO 65203; Phone 1-800-949-4232.

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**MAILING INSTRUCTIONS:** Return the completed and signed application along with the documents listed in one of the three boxes below, as applicable. Follow the mailing instructions provided.

#### **NEW APPLICATION**

**Return the following documents:**

1. Completed and signed application.
2. Request for KBI/SRS Child Abuse Registry Check. Please keep a copy on file.
3. Fire Safety Approval. You must obtain Fire Safety Approval pursuant to K.S.A. 65-508(b). Contact the State Fire Marshal at 785-296-3401.
4. State License Fee payable to the Kansas Department of Health and Environment or complete credit card information. Fee \$20.00
5. Verification of legal owner/operator. Individual owners only: required to submit program director qualification information. Please see instructions.
6. Description of activities and services offered.
7. Sanitarian approval if using a private drinking and sewer facilities.
8. Local Fee, if required by the local contractor.

Send the above information to the child care facility surveyor. If you do not have the address of the local child care facility surveyor, contact KDHE at 785-296-1270 or obtain the information from the website at [www.kdhe.state.ks.us/kidsnet/](http://www.kdhe.state.ks.us/kidsnet/).

#### **RENEWAL APPLICATION**

**Return the following documents:**

1. Completed and signed application.
2. Request for KBI/SRS Child Abuse Registry Check. Please keep a copy on file.
3. Fire Safety Approval. See instructions.
4. State License fee payable to the Kansas Department of Health and Environment or complete credit card information. Fee \$20.00

Send the above to: Kansas Department of Health and Environment, Bureau of Child Care and Health Facilities, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.

If the local child care facility contractor charges a local fee, the local fee is to be sent to the local contractor. **DO NOT** send the local fee to KDHE with the renewal application.

#### **NOTIFICATION OF CLOSURE**

Return the completed and signed application to the Kansas Department of Health and Environment, Bureau of Child Care and Health Facilities, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.